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## ORIGINAL DEPARTMENT.

### LECTURE.

#### ANNIVERSARY ADDRESS BEFORE THE AMERICAN MEDICAL ASSOCIATION,

DELIVERED IN PHILADELPHIA, JUNE 6TH, 1876,  
BY J. MARION SIMS, M. D., PRESIDENT OF THE  
ASSOCIATION.

[Dr. Sims' address contains so much of universal interest to the profession that we are persuaded the following extracts will be welcome to all readers.—ED. REPORTER.]

GENTLEMEN:—I congratulate you on the privilege of assembling here during our Centennial Jubilee. \* \* \* \*

Our organization has been lately much improved; indeed, its machinery is now almost perfect.

Questions of representation and of ethics were the rocks upon which we struck and well-nigh foundered. But, thanks to the wise heads and strong arms at the helm, we are safely over these dangers; and we intend to steer clear of them hereafter.

Who can forget the last meeting held in this city in 1872, when so much time was wasted in discussing the woman question and the negro question, incidentally rising out of the question of representation? Fortunately for us, these vexed questions are now all settled quietly and in the most natural way. Formerly we admitted delegates from small corporations and local societies that were sometimes temporarily hatched up for the purpose of forcing objectionable persons upon us. Now we are a truly representative body, made up of

delegates from State and County medical societies; and we must, of necessity, receive such delegates as any of these societies, properly organized, may see fit to send us.

If any woman entering the medical profession makes such a reputation, and such a position in the profession in her own State or County, as to be sent as a delegate to us from a State or County society, we are bound to receive her.

If any colored man should rise to the dignity of representing a State or County medical society, we must receive him as such. And thus these two knotty questions are settled forever, simply by the appointment of delegates representing masses and principles, instead of close corporations and local interests.

Local questions of ethics were a great source of annoyance and of danger to us for a long time. But now the Judicial Council decides all such questions as come before us, and from its decision there is no appeal. \* \* \* \*

#### Medical Education.

While medical colleges are so easily multiplied, and while they are mere private corporations, running in competition with each other, we have nothing to hope in the way of reform from them. That first, second and third course students, if there are any such, should sit on the same benches at the same time, and hear the same lectures year after year, is an absurdity that exists only in our own country, and here it has existed for a whole century without any change or modification. But it cannot go on so for another century.

Already Chicago and Boston take the lead

and inaugurate the true scholastic method of classes, and terms of study, and courses of practical instruction, now fully appreciated by such young men as are in earnest in acquiring a thorough medical training.

The Harvard method, with a salaried Faculty wholly independent of fees from students, is the only plan by which we can ever hope for a medical degree of any real value.

Five or six hundred thousand dollars given to the Medical Department of the University of New York, or to either of the schools of New York or Philadelphia, properly invested, would yield an income sufficient to endow the professorships in said school. This would make the professors independent, and they would not be compelled to graduate young men merely for the sake of the numbers graduated, irrespective of qualification.

The University of Virginia is, perhaps, the best training school in the country, but unfortunately its want of hospital advantages cripples its practical teaching.

How could any rich man do more for his country, more for science, more for education, more for humanity, than to liberally endow one of our already established medical schools, and thereby place it upon an independent footing? There are any number of wealthy men among us who would be glad of an opportunity to do this, if the subject could be properly placed before them.

May I not hope that the very words I now utter may be like seed "that fell on good ground and brought forth fruit, some thirty fold, some sixty, and some an hundred?"

#### Code of Ethics.

We boast of a Code of Ethics, the best ever given for the government of medical men; and we urge it as a model to be adopted by the profession in other countries. I would not shock the moral sense of this august body by speaking of it in irreverent tones; for I know that there are many, indeed a large majority of this Association, who believe it to be as perfect as the Decalogue, and as incapable of improvement. It is looked upon by some of its High Priests as the Holy of Holies, and not to be desecrated by the touch of vulgar hands. It is only by observing the practical operation of laws that we can judge of their fitness and usefulness. Let us measure our Code by this universal standard.

Twenty years ago it was considered disreputable for a physician to put on his door, or in his window, a plate giving his office hours. Now every one does it, greatly to the convenience of both physician and public. A few years ago a physician in a neighboring city was expelled from a society for inserting his name in the general Directory, with the announcement of his specialty and his office hours. In France they do things differently. There a doctor cannot put his name on the door of his apartment; but he can advertise himself in the Directory as broadly as he pleases. Usage makes what is right in one country wrong in the other.

A gentleman high in the ranks of the profession, holding a distinguished position among us, wishing to change his place of residence, writes to me to know how he can notify the world of his intention without violating the Code of Ethics; and he, and a friend of his, a well-known stickler for the inviolability of the Code, hold grave consultations over the easiest way of getting round its provisions without a flagrant violation of them. These are honest and honorable men, and would not willfully do anything wrong. But they feel that they are hampered by rules that are unjust and oppressive. Pardon me if I ask you, "Is the Code of Ethics up to the requirements of the times when it compels honorable men to do dishonorable things to promote an honest action?"

Under our Code all consultations are secret and confidential, and the friends of the patient are never to know that there was a difference of opinion between the consultants. But was there ever a difference of opinion on such occasions that it did not leak out, sooner or later?

It is derogatory to professional character for a physician to take out a patent for a surgical instrument, or any other invention. A distinguished physician invents a galvanic cautery. He has spent much time and a large amount of money in perfecting his apparatus. According to our Code, he cannot, he dare not, take out a patent for it, as any other honest man could do, simply because he is a practicing physician. But why should not the physician reap the reward due to talent and inventive genius as well as any other man? Does the profession at large, or does the public, derive any benefit by this robbery of the inventor? None whatever. We simply compel him to give his invention, his time and labor, to enrich the instrument-maker. A few brave men, daring to assert

their inalienable rights, would establish a precedent that would soon become a law, rendering this clause of the Code, as in other instances, a dead letter.

Who among us is ignorant of the value of Dieulafoy's Aspirator? A young man, not over thirty, he had the courage to patent his invention. The profession in France at first turned the cold shoulder to him, and said it was a pity that such a talented young man should have made such a mistake as to patent his invention! But now he is called in consultation with leading men in the profession; and the younger members of this Association will live to see him a member of the Academy of Medicine, in spite of his patent.

A gentleman in a neighboring State invents a pessary of great value. He has spent fifteen years in working it out. He has spent a large amount of money in perfecting it. He is poor and in bad health from a dissection wound received five years ago. He writes to me to ask what he is to do to reap some reward for his time and labor. We say, by our Code, that he must make a gift of his invention to the profession. But he can only give it to the instrument-maker, and not to the profession. His only course is to quit the ranks of a liberal profession, and enter those of honest manufacturers, and then supply us with his instruments from his own factory. Out of the profession, he is out of its jurisdiction.

The Code of Ethics is violated every day, either willfully or ignorantly, not only by the rank and file, but by men high in the profession, men who are considered leaders, advanced thinkers, and workers.

How many of you prescribe chlorodyne, which is almost a specific in choleric affections? And yet it is a secret remedy. Who among you has never prescribed McMunn's elixir of opium? It too is a secret remedy. Even Henry's calcined magnesia is made by a secret process. The tolu anodyne is daily prescribed in New York and New England by hundreds of leading physicians, and it is but another name for a preparation of cannabis indica. The prescription of all such remedies is a flagrant violation of our Code of Ethics. But we seem to condone the act, because usage and interest justify it.

There is not a man within the sound of my voice who cannot call to mind some violation of the letter or spirit of the Code of Ethics, that has occurred under his own immediate observation.

Indeed, when we speak of violating the spirit of the Code, we may all as one man cry out, "He that is without sin among you, let him first cast a stone."

Several medical gentlemen, notably in New York, Philadelphia, Baltimore, and elsewhere, have lately rendered the greatest service to the profession and to humanity by furnishing us with animal vaccine virus. As they are engaged in a commercial speculation in the virus, and as they resort to conspicuous advertisements of it, they are plainly acting in opposition to both the letter and the spirit of our Code of Ethics. But where is the man among us who is such an idiot, so dead to all sense of honor and right, as to charge these noble philanthropists with base purposes? Thus we see that the Code is of necessity a dead letter the moment it comes in collision with the duty and interests of the profession at large. The introduction of bovine virus brings about a revolution in vaccination that affects not only the usefulness of the medical profession, but the safety of every man, woman and child living, and the welfare of future generations. How absurd, then, would it be, if its universal beneficence could be cramped by the silly legislation of a generation and a time when human virus, with all its defects, and all its dangers, was the only known means of vaccination! Here common sense and common interests have, silently, almost imperceptibly, established a higher law that overrides the Code and leaves it inert.

But there is another stand-point from which to view our Code. Did it ever occur to any of you that it is capable of being used as an engine of torture and oppression?—that men jealously, maliciously, intent upon persecuting a fellow member, may distort the meaning of the Code to suit their malign purposes, thus entering into a regular conspiracy to blacken character, and that under the sanctity of the Code's provisions?

Illustrations of this are not wanting, and I could give you some astounding details. But in mercy to you, and in pity for the poor poltroons who, in the name of virtue, could so prostitute themselves to vicious acts, I spare you the recital. I have said, perhaps, too much on this theme; certainly enough to put you to thinking. This is the first time that the validity, the constitutionality, of the Code has been openly called in question. But every thinking man here, with a particle of self-respect and self-reliance, has at times felt an

inward protest against its unequal operation. I do not ask you to appoint a committee on the Code. Let it stand as it is. Honorable men do not need its protection. Dishonest men are not influenced by its edicts. We must educate the profession up to the recognition of a higher law, the unwritten code regulating intercourse between gentlemen. This is the code that governs in England and France. The man that violates it is by common consent dropped out, ignored, and allowed to vegetate in isolation.

The time will come (but not yet) when your organic laws, like the constitution of our country, will require modifications and amendments to suit a higher intelligence, a broader education and a greater destiny.

Remember, that when our Code was adopted we had no telegraph, no ocean steam navigation, but few railroads; the profession was not educated up to its present level, and the press was not the organized power in the land that it is to-day. Modern thought and modern progress, keeping pace with the physical development of the age, will never be content with the slow movement of olden times.

#### State Medicine and Public Hygiene.

\* \* \* \* \*

Already nine States have organized State Boards of Health:—

Massachusetts.....	in 1869
Louisiana.....	" 1870
California.....	" 1870
Virginia.....	" 1872
Minnesota.....	" 1873
Michigan.....	" 1873
Maryland.....	" 1874
Georgia.....	" 1875
Alabama.....	" 1875

Of these, only four belong to the original thirteen States.

How strange to see the young sister, California, taking the lead of the great States of New York and Pennsylvania! Massachusetts has often led New York and Pennsylvania in political matters, and she leads them now in the more important matter of the formation of a State board of health.

Let us hope that the wise counsels of the American Medical Association may soon universally prevail in the several States, and that we shall, at no distant day, see them all falling into line, with State boards of health, ready for mutual coöperation in the great work before them.

When this is done, I shall expect to see one

of the most terrible scourges of the human race, now wholly ignored by boards of health, brought at once under control, and eventually stamped out from among us.

Boards of health should take cognizance of, and have control of, any and every focus of infectious disease, call it by what name you may.

Has it a habitat? Can it be broken up? Has it the power of transmission from one to another? Can its transmissibility be arrested? Then it is the bounden duty of State medicine, with its organized health boards, to search out its abode, to take charge of and heal those already diseased, to prevent the spread of the infection to the well, and thus to eradicate the poison of contamination.

The board of health that fails in this fails in the great object of its organization. And this brings me to a subject that I wish to press upon your consideration.

Professor Gross delivered the Address in Surgery at the Detroit meeting in 1874, and took "Syphilis" as his subject. This address, like everything that emanates from his prolific brain, was complete and exhaustive. Viewing the subject from every possible stand-point, he had the courage to recommend legislation to restrain the spread of syphilis.

A committee was appointed, with Dr. Gross as chairman, to report on the subject at the next meeting. This committee reported at Louisville (1875), and recommended partial legislation on the subject. The whole subject was referred back to the committee for a further report to be made at this meeting.

I would not infringe upon the duties of this committee, but I hold views on this subject that I wish to state broadly before the Association. No grander theme could possibly engage the attention of the profession at large. Whatever good is to be accomplished in this matter must emanate from us, and be carried forward by us. It is wholly unnecessary for me to use any argument to prove to you the importance of the subject. This has been already done by Professor Gross.

The subject of syphilis is rarely mentioned in polite circles, even by medical men, and then only in whispers. It is our duty to enlighten the public upon all questions of public health, and particularly upon this one. Indulge me then for a short time, while I say a few words on this subject—words addressed nominally to



you, but really intended for those behind and around you, who live in darkness and utter ignorance of the dangers that threaten them.

So far as the well-being of the human race is concerned, I look upon the subject of syphilis as the great question of the day. It was formerly a question of treatment, of mercury or no mercury. But that time has passed, and now it is a question of prevention, of eradication, of the protection of the well against the contamination of the sick. In other words, it is no longer a question for the therapist, but one for the sanitarian, the philanthropist, the legislator, the statesman. It is one of public hygiene and public health, and, as such, we are bound to meet it. The time has come when we can no longer shut our eyes to its evil influences, and we must deal with it precisely as we deal with other great evils that affect the general health of the people.

If yellow fever threatens to invade our precincts, we take steps to arrest its progress at once. If cholera sounds the alarm, we immediately prepare to defend ourselves against its ravages. If small-pox infests our borders, we circumvent and extinguish it. But a greater scourge than yellow fever, and cholera, and small-pox combined, is quietly installed in our midst, sapping the foundations of society, poisoning the sources of life, rendering existence miserable, and deteriorating the whole human family.

Does any one for a moment think I exaggerate the evil consequences of this dread disease? To the medical profession the truth, as I state it, is well known; but, as I said before, the public at large are ignorant on this subject, and it is our duty to enlighten them, to point out the danger, to show the means of protection, and to lead the way of escape. Let us hear what a few of the most eminent medical men now living say on the subject.

Sir Thomas Watson says: "It counts its victims not only in the ranks of the vicious and self-indulgent, but among virtuous women and innocent children, by hundreds and thousands."

Sir William Jenner says: "I cannot too strongly express my conviction of the gravity of syphilis at the present time. It is one of the most fatal diseases we have in this country. I think it a disease entirely preventable. Children and others suffer largely from it without any act of their own, and I think it ought to be prevented."

Mr. Prescott Hewett also testifies to its ravages among innocent children, and says he knows of no disease more terrible, and that it should be prevented by legislative action.

Mr. Simon (Medical Officer of the Privy Council) said that the infections of the brothel were oftentimes carried into simultaneous or subsequent wedlock, in some cases fixing their obscene brand even on the offspring of such marriages.

Sir James Paget says:—"It would be difficult to overstate the amount of damage that syphilis does to the population," and that "a number of children are born, subject to diseases which render them quite unfit for the work of life." He further said: "We now know that certain diseases of the lungs, the liver and the spleen, are all of syphilitic origin, and that the mortality from syphilis, in its later forms, is every year found to be larger and larger." Sir James Paget further said that he had seen five surgeons die, and fifty others suffer more or less from the infection received from the patients.

The facility with which syphilis is communicated is marvelous. It is often given in a kiss. French medical literature teems with examples of this sort. Prof. Gross has seen many such cases. He saw a young lady who had a hard chancre on the lip contracted by kissing. In a few weeks her blood was completely poisoned; subsequently she married, and in due time she gave birth to a child that died in eight weeks, covered with syphilitic sores on the vulva and nates.

Prof. Gross also tells us that an "endemic of syphilis occurred in Brives, a little town in France, in 1873, fifteen women, nine children and ten men having been affected in rapid succession. Great excitement for a time prevailed, wife accusing husband, and husband wife, of conjugal infidelity, when it was at length ascertained that the cause of all the trouble was a midwife, who had a chancre upon one of her fingers, contracted in the exercise of her profession, and who had thus carried the poison from house to house."

A short time ago a healthy-looking young man obtained a situation in a glass factory in the north of France. A few weeks afterward a dozen or more of the glass-blowers had syphilis in some form or other, and were unable to tell how they got it. But the attending physician soon traced the disease to the new-comer,

who was found to have a syphilitic ulcer in his mouth, and the others were inoculated by using the same blower that he did.

I have known two medical men infected with this disease by patients, while in the discharge of their professional duties. Each had a slight scratch or abrasion of skin on the fingers, and by this channel the poison was carried into the blood. One of them died most horribly in a mad-house, from disease of the meninges of the brain, induced by this accidental syphilization; while the other is still eking out a miserable existence, his whole system being pervaded by the deadly poison. Nurses are frequently infected by children born of parents one of whom (always the father) has had syphilis; and diseased nurses often infect innocent sucking babes, born of perfectly healthy parents. I have known a drunken vagabond husband to contract syphilis in a low brothel, and communicate it to his wife, who unwittingly gave it to her four children, simply by using the same towels and wash-bowl.

The nature of the disease, and the manner of its propagation, were not recognized till eruptions and putrid sores, and ulcerated throats, and agonizing pains, and blindness in two of the children indicated too plainly the unmistakable character of the disease.

Some years ago, a handsome, dashing young fellow captivated the heart of a beautiful and accomplished young girl, the daughter of one of our wealthy merchants. The sensible father opposed the marriage. But the foolish girl would have her own way, and they were married. While on their bridal tour this innocent girl and confiding wife, not seventeen years old, was syphilized by her husband, and her blood was soon poisoned. In due time she became a mother. One of her children had syphilitic eruptions, one lost the bones of the nose, and two others were variously affected with symptoms of a loathsome disease that circulates in their blood, and which will lay the foundation of disease in their offspring, if they should live to have any.

The blood of the loving wife is often poisoned by the seminal fluid of the husband, infected before marriage. I have seen an innocent young wife with the vagina full of venereal warts, only a few weeks after marriage with a man who supposed he had been cured six months before. Many years ago I knew a rich widow who married a man socially beneath her

station in life. It was a great grief to her family. But a greater was in store for them. The husband, who seemed vigorous and healthy, had had syphilis a few months before marriage, but thought he was cured. Six months after marriage his wife had syphilitic iritis, and other symptoms of constitutional infection, and she soon became perfectly blind, and in the course of a year she died in the greatest agony, from disease of the membranes of the brain, accompanied by nodes and other symptoms of constitutional syphilis; and yet the husband, who by his kisses and his seminal fluid poisoned his wife's blood, and thus murdered her, had only a slight scaly eruption on the scalp and in the palms of the hands.

I have seen a cook and a chamber-maid with syphilitic ulcers on the fingers. Think for a moment of the danger to innocent people from such a disgusting thing.

Primary syphilitic ulcers are not generally painful. Hence the subjects of them think they are little accidental sores, or abrasions, that will soon get well. These sores often remain stationary for a while, and then heal up. Again they degenerate into a sloughing state, attended with great suffering. But it is when the disease becomes constitutional, invading every part of the system, producing ulcers in the throat, warty vegetations on the vulva and about the verge of the anus, or eruptions on the skin, or thickening of the periosteum, nodes on the long bones or on the os frontis, or disease of the liver, spleen and other digestive organs, or ulceration and loss of the bones of the nose, or blindness and disease of the meninges of the brain, or even softening of the brain; in short, when its ravages are traced in every part of the human frame, then can we realize the nature of this terrible scourge, which begins with lamb-like mildness, and ends with lion-like rage that ruthlessly destroys everything in its way. Skin, mucous membrane, the blood, viscera, bones, brain, all are saturated with a poison which is ineradicable; and death comes at last, a merciful messenger of relief from such a disgusting and wretched existence. I need not add another word to show the loathsomeness of the disease, nor to prove that we are at every turn met with the danger of infection.

Give me a moment to inquire into the relative frequency of this disease in localities where registration brings out reliable statistics.

In the out-patient department of Guy's Hospital 25,800 cases of venereal disease are annually registered in that one institution, being 43 per cent. of the total number of out-patients registered; in the Hospital for Diseases of the Skin, 10 per cent.; in the Throat Hospital, 15½ per cent.; in Moorsfield Hospital for Diseases of the Eye, 20 per cent.; in the Workhouse Infirmary, 10 per cent. Among the poor in London applying for relief at the hospitals there are upward of one hundred thousand annually affected with syphilis in some of its forms. If such a large percentage of British blood is thus poisoned with this loathsome disease, how is it with English-speaking Americans? Our sanitarians will tell you that New York and Philadelphia, Boston and Buffalo, Chicago and St. Louis, Cincinnati and Louisville, New Orleans and Mobile, Savannah and Charleston, Norfolk and Richmond, Baltimore and Washington, are all relatively as rotten as London, Glasgow, Dublin, Liverpool, or any city on the Continent.

And from recent developments it appears that San Francisco is worse off than we are. In an able speech delivered by Senator Sargent, in the United States Senate, on the 1st of May, on the existing treaty between China and this country, he brings forward testimony to show, that of the hundred and fifty thousand Chinese on the Pacific slope, there are not a hundred families, and that ninety-nine hundredths of the Chinese women imported into California are sold and held as slaves, slaves to be used wholly and solely for the purpose of prostitution, and that their presence necessarily breeds moral and physical pestilence.

According to the evidence of Dr. Toland, even boys eight and ten years old have been syphilized by these degraded wretches, who are allowed to openly solicit in the streets, tempting old and young alike.

Shall it be said that we, the representatives of the medical profession of a great nation, the custodians of the health of forty millions of people, cognizant of all these facts, will longer let the people remain in ignorance of the dangers that surround them? No, my friends! We must be up and doing. We must follow in the footsteps of our illustrious leader, Prof. Gross. We must sound the alarm. We must no longer whisper, but we must boldly proclaim the truth, and scatter it broadcast over the length and breadth of the land. We

must call to our aid the press, the pulpit, yea, the women of the country. To do all this, we must show the world that we are in earnest. We must here issue our orders, and call upon our State and County Medical Societies to co-operate with us. We must keep the subject not only before the profession, but we must keep it before the people, and we must appeal to legislation to give us the power to blot out this blight from among us.

I have not time to speak of what has been done in France and England for the prevention of the spread of syphilis. Suffice it to say, that the plan adopted there is not the one for us. We want no legislation that looks to licensing prostitution, as in France, and we want no partial legislation, as we find in the "Contagious Diseases Act" of England. We would not outrage religious sentiment by adopting a system of fostering vice; nor should we subject the hardy soldier, even for his own good, to invidious restrictions not imposed upon others in the community. Besides, how absurd would the English system work with us, when we have but a nominal army, and that scattered over the frontier, away from the pale of civilization and its worst vices! Class legislation, in any shape and for any purpose, is distasteful to the people of any country, and especially of ours.

We know that cholera has a home, where it is perpetually generated; that transplanted, it flourishes for a while, then dies out, and seldom reappears, except by fresh importations from its original source of supply. But syphilis, unlike cholera, originating when and where it may, always fixes itself in great populous centres, taking up its abode in the haunts of ignorance, poverty, squalor, filth and vice. From these low conditions of life, it mounts gradually higher and higher, and sometimes to the highest, so that in the end whole communities, so to speak, may become contaminated.

To protect the public against its ravages, we must strike at the root of the evil. We must seek it out in its hot-beds, and circumvent it with such regulations as to prevent its transmission. We must ask for such laws as will confer upon us the power of dealing with this disease which we already possess with regard to cholera and small-pox.

The carriers of trade between nations, and between great commercial centres in the same nation, are the carriers of syphilis. Syphilis is carried from city to city by men, and women

scatter it far and wide in communities. One man may inoculate a half dozen women during the few days his ship lies in port, and these half dozen degraded women may transmit the disease not only to scores of men, but hundreds and thousands may trace their ruined health, directly or indirectly, back to the half dozen women who were infected by one man. We must then manage to get the control of the men who are likely to import the poison, and we must get equal control over the women who will assuredly disseminate it through the community. How is this to be done? is a question that has been asked over and over again, but never answered to the satisfaction of both religionists and philanthropists.

There can be no difference of opinion among us regarding the two following propositions:—

1st. We want a system of sanitary inspection and control that will enable us to prevent the importation of syphilis from abroad.

2d. We want a system of sanitary inspection and control that will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community.

Every well-organized city government has its Board of Health. This Board has or ought to have the power to protect the public health against all contagious or infectious diseases. It already has the power of quarantining vessels having on board cases of cholera, small-pox or yellow fever. Whenever small-pox is found in a city, the Health Board has the power of dealing with it in the most summary manner, of isolating it, and preventing its spread; in other words, of extinguishing it.

Now what I propose in regard to syphilis, is simply to give to the already existing Boards of Health, in the various cities, the same power over syphilis that they now possess over cholera, small-pox and yellow fever. They now have the power of ferreting out small-pox, and of sending it to hospitals for treatment; and they should have the same power of searching out the abodes of syphilis, and of sending its victims to hospitals for treatment.

On all steamers or sailing vessels, whether foreign or coastwise, entering port, the surgeon of the vessel should be required to make affidavit that he had examined personally every seaman, and every male steerage passenger, on the day preceding their arrival in port, and that there was no case of cholera,

small-pox, yellow fever, syphilis, scarlatina, or other infectious disease aboard. If there should be syphilis, then the subjects of it should be taken in charge by the Board of Health, and sent to hospital for treatment, to be retained there till cured, or to be returned to the vessel from which they were taken, whenever said vessel should be ready to sail from port again. If said vessel had no surgeon aboard, then it should devolve upon the quarantine officer to examine every sailor and every steerage passenger, before landing, and to send any and every case of syphilis to hospital for treatment. On all vessels, foreign and coastwise, the quarantine officer should possess the same power of personal inspection and detention.

For stamping out the disease in towns and cities, their Boards of Health must have plenary powers of an absolute character over syphilis, not more so, however, than they now possess over small-pox.

Thus you see that I would simply include syphilis in the great family of contagious or communicable diseases, and make it subject to the same laws and regulations that we already possess for their management.

Do this, and we cannot be accused of licensing vice, or of fostering adulterous intercourse. In cholera and yellow fever, and in small-pox and syphilis, we recognize cruel and fatal diseases, easily communicable, each attacking the human family in its own peculiar deadly way; and we propose to deal with them all in the same manner, taking the surest, safest, and quickest method of protecting the community against their pestiferous presence, and of preventing their spread among the well.

Now let me show you how easy it will be to do all this in the great city of New York, and if practicable there, it will certainly be more so in other places.

The passage of the Metropolitan Health Law was accomplished after years of agitation, not unlike that which occurred in England preceding the enactment of the sanitary laws which now give to that country pre-eminence in the care of the public health.

The Metropolitan law, though modeled after the English, is much more perfect in its details. It invests authorities with arbitrary powers to meet every emergency when the public health is in peril, and yet it fully protects the public from any abuse of those powers.

For example, the Health Board may declare



any matter or thing a nuisance, detrimental to health and dangerous to life, but the person proceeded against may demand a hearing before a referee, and bring evidence to prove that the matter complained of is not a nuisance. Then the case receives careful consideration by experts, and the final action of the Board is governed by the decision of the referee. The Metropolitan law was passed in 1866, and immediately after the organization of the Board cholera made its appearance in New York.

In all former epidemics this pestilence ravaged the city without "let or hindrance." Now it was met at the very outset with organized resistance, and never attained the proportion of even the mildest epidemic.

The plan adopted to control it was perfect in all its details.

Acting upon the belief that cholera is a communicable disease from the sick to the well, by a contagium, the rule in every case was to isolate the patient, and destroy the excreta immediately. A well-organized corps of men, trained to handle the sick and use disinfectants, was in waiting night and day to attend at once upon every reported case.

The cases were reported by telegraph, and frequently patients seized with cholera were in charge of these sanitary officials within an hour after the attack, and every precaution taken to prevent the spread of the disease.

So effectually was this work done, that scarcely a second case occurred in the same family.

In the same manner, the Board, acting upon the same principle, stamped out relapsing fever and small-pox; the sound sanitary principle underlying its action being, that *contagious diseases can be controlled by isolation of the sick, and the destruction of contagia.*

So much for the efficiency of a board of health that knows its duty, and, having the legal power, dares to do it.

But how are we to bring syphilis under such easy subjection as we have cholera and small-pox? It is the simplest thing in the world. I have told you that the Metropolitan Board of Health possesses arbitrary powers over these, and all we have to do is to get the Legislature to amend the "Act creating a Metropolitan Board of Health," so as to give it the same arbitrary power over the subjects of syphilis that it has over other contagious diseases.

The thing is so simple, so self-evident, that I only wonder it was not done long ago. It requires no complex legislation, no cumbrous machinery, no irksome detail. In the Metropolitan Health Board we find everything already prepared for engrafting this amendment upon its organic laws.

Let us here pledge ourselves never to relax our efforts till we accomplish this great and good work.

I have detained you too long. My apology must be found in the nature and importance of the subjects I have been pressing upon your attention.

Gentlemen, I thank you from the bottom of my heart for the patience with which you have heard me.

And now, feeling most sensibly my unfitness for presiding over your deliberations, I appeal to your generosity for that coöperation and indulgence that any of you would surely receive from me if we could only change places.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SERVICE OF PROFESSOR HARRISON ALLEN,  
M. D., April 5th, 1876.

#### Syphilitic Condylomata.

CASE I.—This is a case so obscure that I have given a guarded opinion of it. It is an extremely rare one. Upon the upper lip of our patient, and extending from the muco-cutaneous juncture up to and on to the septum navium, you see a papillary growth, about two inches wide at its base, and coming almost to a point at the tip of the nose. Hairs are seen growing through it. As the man stoutly denies a syphilitic history, we think of epithelioma, the more so as we find here in the neck an enlarged and indurated lymphatic gland. Then we think of sycosis; but we find no pustules, and he says there have been none.

On examining very carefully we find the surface of the growth moist, except in the part which is dried by the air passing over it during respiration; and we look further to see if a diagnosis of syphilitic condyloma (or wart) can be corroborated. Above the elbows we find the enlarged gland, to which Ricord attaches so much significance. On the penis we find the remains of an old ulcer. In the groin we find no enlarged glands.

Reviewing the symptoms, I have concluded to call this a case of syphilitic condyloma, and shall treat it accordingly. Our therapeutics may thus aid and confirm our diagnosis. He will be given opii, gr.  $\frac{1}{2}$ , with hydrarg., gr.  $\frac{1}{2}$ , twice a day. Every night an inunction of

ung. hydrarg.; and to the patch iodoform will be applied.

April 8th. The gums were slightly affected. The condyloma looked better, and seemed a little smaller. An application of chromic acid was made.

NOTE.—A month later, after a renewed application of chromic acid, and constant use of, first, iodoform ointment, and later, bismuth powder, the growth had almost entirely disappeared.

#### Syphiloderm.

CASE II.—The story of this man is plain and well marked. He frankly acknowledges the initial lesion nine months ago, and says he had a bubo as large as a potato. He now has a skin disease. Here are patches covered with tenacious epithelium, piled up. You might think it very easy to say what this is, but it is very hard. That is to say what form of syphiloderm he has. Here is an annular staining, with what I will call a lagoon of scales around it. If on removing these I get pus it will prove to be ecthyma; if we find an ulcer, it will be called ulcerative syphiloderm. It is the former, because we find pus. Upon the nose we find honeycombed crusts, which cover the same trouble in the ulcerative form. On the two ears we find symmetrical patches, on precisely similar points.

Here, then, we have a case exhibiting three varieties of syphilitic skin disease. On the body it is desquamative, on the face pustular, and on the nose ulcerative.

The treatment will be the ordinary treatment of secondary syphilis.

#### Synovitis.

This case has come under notice within a day or two, though he has been in the house for a longer period. His history gives no explanation of the cause of the trouble so apparent at his knee, and it can only be attributed to a constitutional disease exhibiting itself here. There has been no traumatic excitant, so far as we can learn. You see here a marked swelling. The foot is turned outward and the leg somewhat flexed. Such is the position which affords to the joint the largest capacity, and which you will find assumed where there is an effusion within it. Upon inquiry we learn that there is a point on the inside of the knee where he feels most pain. The reason for which is, I think, that at this point the lateral ligament is under the greatest tension. For the relief of his pain the limb is straightened and extended, and will be kept so while he is treated constitutionally; and we hope to effect the removal of the fluid by resolution. Should this not occur, we shall draw the fluid off, lest it undergo degeneration and cause caries of the articular surfaces, with the danger of pyæmia and other disturbances incident to suppurative diseases of the large joints.

April 5th, 1876. The case you saw two weeks ago did well until within three days, since which it has not progressed as favorably as we

hoped. There has been a tendency to emaciation, with jactitation and night sweats, and a recurrence of the pain in the limb. It seems useless to wait longer for the effusion to be absorbed, and I must now remove it by artificial means.

The instrument best adapted to this purpose is that known as the aspirator, and I prefer that form which is composed of a bottle from which the air can be exhausted, and which can be put into communication with the aspirating needle.

The risks of aspirating joints are very small, so small as to be almost nil. In about three thousand recorded cases there have been only two accidents, and these could be attributed to the simple traumatism, as we know there is danger in the slightest wound. In the recent essay of Mr. Paget on "The Calamities of Surgery," it is surprising to see how very slight may be the excuse for a disaster. But, since the history of aspiration is as I have stated it, we shall go forward without dread of adding any danger to that in which this man already is. He is threatened very seriously by the existence of pus in this joint, and his present condition warns us that no time must be lost in removing as much of it as we can. We insert the needle, as is recommended, on the inner aspect of the joint, and, with difficulty, succeed in removing about a fluid ounce of a very viscid, tenacious and purulent material. This has come very slowly, and only after being satisfied that no more will come do we withdraw the needle, apply a piece of adhesive plaster, support the limb, and send him back to his ward.

#### Hospitalismus.

In going round the wards the other day I found in a corner this patient, who is an example of what has been called Hospitalismus. Such cases often get into eddies, out of the general current, where they attract little attention; so that, at times, interesting conditions are found post-mortem, and we have the mortifying regret that we had not discovered and studied them before.

This case might have been such an one, for these patients do not complain much, nor care much to be cured. Like convicts of whom we have heard, who, when set free, refused to accept their liberty.

But now we shall investigate his case. He is over sixty years old, and I am told by my resident that he has a "bladder trouble." Bladder troubles are always worthy of close study. Also that the urine is thick and purulent. Next I ask how often he makes water at night, to which he replies eight or nine times last night. Sir Henry Thompson lays it down as a rule that the first question you should ask a patient who complains about his urinary apparatus is the one you have just heard.

Any cystic inflammation will make itself known first at night, in most cases. Pursuing the examination, we look at the parts and

find in the perineum what I am told is "a little abscess." Now you see how much interest is possessed by this case, which has long been passed by. We cannot to-day go fully into it, but let us examine the urethra. In doing this for the first time, always use a very flexible rubber instrument, such as I have here, a French one, that can be tied in a knot without injury to it. Choose one also of large size at first. If it does not pass, as happens now, take a smaller; that failing, try a different pattern; for I think there is no trouble in which it is so important to have a variety of instruments. A man who has this will often be successful where another with less has utterly failed. I will attempt to pass an instrument which has often done me good service, one which is flexible but having a hard end. But I shall not push my attempts far. I find here a stricture, which I do not care to provoke too much. Remember we do not aim to satisfy curiosity, but to do good. Where we hope the latter we are justified in incurring risk, but not unless good seems probable. On this account, having found that I am not defeated by an enlarged prostate, I will send him back to the ward and defer further efforts to another time.

#### Fracture of the Radius, with Erysipelas.

We have here a very rare and interesting specimen—a radius recently fractured at its lower extremity. The patient from whom it came was an old woman, who two weeks ago fell and snapped this bone. You see how thin are its walls, and that it is made up entirely of fat, so that it had no strength. Such a condition exists in all old persons, and slight blows or strains suffice to fracture bones that in earlier life resist severe ones.

That we have the opportunity of demonstrating this interesting fact is due to another, equally interesting. Soon after the injury there came on a rare form of erysipelas, which has been called "oedematous erysipelas" by Lawrence, of England. More recent authorities describe it as simply an erysipelas of the connective tissue. It has all the signs of the ordinary disease, local and constitutional, except redness. The swelling was white and boggy, and there were angry streaks up the arm, with a certain amount of supuration, and all constitutional signs of erysipelas, of which she died yesterday.

## MEDICAL SOCIETIES.

### AMERICAN MEDICAL ASSOCIATION.

#### SECTION ON PRACTICE OF MEDICINE, MATERIA MEDICA AND PHYSIOLOGY.

Dr. N. S. Davis' report on "The Necessity for Coincident Clinical and Meteorological Observations" was made briefly, in his absence. He had enlisted a number of gentlemen in the work of observation and recording the date of

the commencement of acute diseases, in Chicago, Milwaukee, Detroit, Omaha, Davenport, St. Louis and Cairo. Valuable reports had been made by these observers. He had found it impracticable, at present, to make a full report. He hoped to have a very complete record ready for next year.

On motion, the committee was continued, and its report referred for publication.

Dr. F. H. Davis, of Illinois, read a paper on "Liebig's Extract of Malt, and its Chemical Composition, Manufacture, and Therapeutical Uses."

Dr. Toner, D. C., thought it very important to have a tonic which would omit alcohol, and yet meet the indications pointed out in the paper. He moved that the paper be referred to the Committee of Publication. Adopted.

Dr. Squibb, of New York, thought the formula a very intelligible one. Glucose is the article which gives nutrition here. The Germans think it not so. Diastase is the element which changes in the glucose. Diastase is a very changeable substance, and is easily affected by heat and cold. It is very uncertain. No grand scheme of medication can ever be accomplished with so variable a substance as diastase.

Dr. Palmer, of Michigan—It frequently becomes muddy, especially in warm weather. He was much pleased with the paper, and with its general tone. He believed, also, that in the early stages of pulmonary trouble the best rule is to follow common-sense principles, and not keep a man half drunk. He knew of no treatment so bad. He had seen very many cases of consumption in drinking men. He had used this malt extract to some extent. He favored quinine and opium, on rational principles.

Dr. Angear, of Iowa—We want something to aid in the formation of cells, to repair the great waste; and if we can get this from the malt, well. All will agree that consumption is primarily a disease of the lungs; a derangement of nutrition, either in the stomach, blood, or tissues, or food assimilation and appropriation. Hence, we must build up tissues.

Dr. Davis—With a little care, the malt may be made in a common cook stove. The materials are within the reach of nearly all, especially in a large city. The article should be used when fresh, and thus the diastase has less chance to change.

Dr. Squibb—I have known some to use malt itself, with good effect. I would suggest that it could be used with the same result. It might be rendered acceptable to the stomach, and thus bring it within the reach of every one's control.

Dr. Davis—This is a new idea.

Dr. Joyner, of Virginia—Would it not be a positive advantage to have present a little alcohol, thus preventing a change?

Dr. Squibb—It would be very difficult to make the proportion of alcohol. He would doubt whether alcohol should be added.

Dr. Angear had at first seen good, but subsequently failed with the extract of malt. He would again try it, but see that it was freshly

made. He would ask Dr. Squibb the proportion of wine to be used with pepsin.

Dr. Squibb believed each should make his own pepsin. Take a freshly-slaughtered pig's stomach, wash it in a little water, to separate the mucus from the blood, chop it up with an ordinary knife, or bruise it, which is just as well, put it in a bottle, and cover it with wine, two pints to one stomach. The wine should not contain over seven or eight per cent. of alcohol. Malaga wine is best. Sherry must be diluted one-half with water. If there is too much alcohol in the pepsin, it will not act in the human stomach. It is not the quantity wanted, but the action; as in making bread, a small portion of leaven acts as well as a large quantity.

Dr. Ulrich, of Pennsylvania, had not been so fortunate with malt as Dr. Davis. He had ceased its use. We must change the circumstances under which the patient lives, or we cannot do much good to these cases. Give sunlight and fresh air. The want of these is what poisons them.

#### SECOND DAY.

Dr. Caldwell, of Maryland, asked attention to the use of bromide of potassium and belladonna in pertussis, fifteen grains to two or four grains. This is dissolved in water and used with the spray producer, so as to cause its inhalation by the sufferer.

Dr. Yandell, of Kentucky, spoke of the unsatisfactory treatment of the neuroses. He thought very highly of belladonna and sulphate of zinc, and classed them as specifics. It is so often associated with malaria, that quinine is valuable.

Dr. Ulrich alluded to vaccination as a remedy. In the few cases he had encountered and tried it, he had seen signal service to result.

Dr. Donohue, of Ohio, had used vaccination for years, and with the most signal service.

Dr. Ulrich would vaccinate, even if the child had already been vaccinated.

Dr. —, of Kentucky, regarded it as a counter-irritant. In one severe case, where all else had failed, he vaccinated, and the cough soon disappeared.

Dr. Yandell thought it useless. It was but using garlic to disguise the smell of onions.

Dr. L. D. Bulkley, of New York, read a paper on the "Use of Arsenic in Diseases of the Skin." It was, on motion, referred to the Committee of Publication.

Dr. Yandell felt that we were much in the dark as to the action of many articles of the *materia medica*. He believed arsenic was a tonic alterative, and should be combined with iron. His attention had been called to malaria as a cause of cutaneous affections. He had seen this in several places, both at home and abroad, wherever there was stagnant water. Arsenic, we all know, produces whiteness or clearness of the skin, and smoothness, just as it does swelling of the eyes. He was surprised at the enormous doses of Dr. Bulkley.

Dr. Ochterloney, of Kentucky, would not have the danger of arsenic overestimated. In some countries arsenic is habitually eaten, and in large doses, by the natives. They enjoy good health, and are actually long-lived. He would not attribute so much to malaria as Dr. Yandell.

Dr. Duer, of Philadelphia, alluded to the large doses of arsenic. Dr. Wilson and Dr. Hand have both given large doses, and with much benefit. But he (Dr. Duer) had never used large doses. We get the good results from small doses. Why give larger? He rarely gave arsenic to children.

Dr. Angear—Have we any evidence that arsenic will contract the blood-vessels? There is a large amount of blood, and it becomes stagnant, and thus produces cutaneous derangement. We of the West doubt the belief that malaria causes cutaneous diseases.

Dr. — alluded to the people of Styria, etc., who took large doses of arsenic, and apparently with good effects.

#### THIRD DAY.

Dr. Squibb, of New York, was called on for some remarks on the *Pharmacopœia* and its revision in 1880. He then detailed the plan, since 1820, by which it was revised every ten years. The men who have for years done this work are now laid on the shelf. Dr. Wood is past working, Dr. Bache is dead, Dr. Carson has retired, and he feared that it would go by default over to the commercial interests. This Association has never officially recognized the Pharmaceutical Association, and *vice versa*. He thought the two should affiliate on this important interest. His plan was that the President of each body, and the Surgeon-general of the Army, and of the Navy, should be constituted an appointing board, and that this board should appoint two or more men, to constitute the Pharmaceutical Council. Thus, if the army and navy each select a man, each of the associations one, and the two presidents select two others, prominent in the *materia medica*, etc., we should have eight good men, to which council might be entrusted the entire interests of the *Pharmacopœia* of the United States. He would propose that this council should be directly under the leadership of the American Medical Association, and employ two editors, one on the *materia medica*, and one on the *pharmacopœia* list. The council should meet every two or three months, and go over the work, and decide what was best. When completed it should be passed as the work of this council, etc. He could not see why this would not work.

Dr. Squibb was requested to present his views, with his preamble and resolution, to the main body of the Association, and the section requested the Association to make it the special order for 11 o'clock, that Dr. Squibb might have an opportunity of giving his points to the Association.



Dr. Rogers read a paper on cholera, as follows:—

"Cholera is of spontaneous origin. It is one of the neuroses. The nerves fail to perform their duty, and hence the want of pain. Vomiting is simply regurgitation. The cramps are of purely nervous origin.

"It is not contagious. It is portable. Quarantine and disinfection are useless as prophylactics. In the treatment, time is of great importance. Opium heads the list of remedies. The acetate of morphia acts quickly, especially hypodermically. It need not be used heroically. The fourth to the sixth of a grain, repeated as necessary. To relieve the brain, enfeebled by the loss of serum of the blood, elevate the body, so that the head will be lowest and kept full of blood by gravitation. This also aids in checking the bowels, as the fluids act on the sphincter to provoke catharsis. The erect position must be interdicted. Ice must be given freely, to relieve the stomach. Circulation must be promoted by heat, friction, etc. Camphor, capsicum, the mineral acids, etc., should be used, principally in the earlier and later stages.

"The morphia may be used by blistering the surface with a lighted match, etc., and spreading it over the spot, or it may be blown into the air passages with good effects. Fever is rarely present. The fever of reaction may be met by opium, nitre, chlorate of potassa, etc.

"Alimentation and internal stimulants may be employed as demanded, by the stomach or enemata. Never despair. Recovery occurs even when all hope has fled." He quoted several cases to illustrate his views.

Dr. Foster, Ky., directed the members to the point where there is no pain, though full discharges are constant. He had seen three epidemics. The patients must be kept perfectly quiet until they are quite restored. This is the difficulty. Patients will not believe, as they have no pain, that they are in any danger, and will walk out though having eight to ten passages a day.

Dr. Caldwell, Md., regarded isolation as important, and hence the value of quarantine.

Dr. Ulrich regarded it as one of the neuroses. He mentioned an instance, where Dr. Cartwright had cut short a terrible epidemic, every case dying, by simply taking the people out into the woods, with only a blanket, a skillet, and a cup to drink from. Not another case occurred. This shows the influence of the mind upon a nervous disease.

Dr. Rogers mentioned some cases. One, a man nearly dead, had his body placed with the feet elevated, and morphia was given hypodermically. He improved and did well.

The paper was then referred to the Committee of Publication.

The Section adjourned.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Chloral in Parturition and Infantile Convulsions.

This spring, according to the *Union Médicale*, Dr. Polaillon stated at the Société de Médecine de Paris, that he had made trial of chloral in eighteen obstetrical cases, administering it as an enema in doses of thirty or forty-five grains, dissolved in half an ounce of water or milk. According to the effect produced, or whether the whole was retained or not, a second enema was given at the end of an hour, and sometimes even a third. The quantity of chloral thus given varied from thirty to 120 grains; but the mean amount really absorbed did not exceed, on account of the rejection of a portion of the enemata, sixty or seventy-five grains. In all the cases it was given during the later hours of the period of dilatation, or during the expulsive period, and was habitually well borne. In some of the women the contractions were obviously less painful, without diminution of their frequency or energy, the labor terminating in the usual time; but in a somewhat larger number the uterine action was arrested, as well

as the pains, the presentation remaining in the pelvis or at the vulva, so that in five cases out of the eighteen delivery had to be terminated with the forceps. In M. Polaillon's opinion, while chloral may be employed with advantage for assuaging excessive excitability of the uterus, or for the relief of pains produced by too violent contractions, it ought to be rejected in normal accouchements.

The same observer also added that, encouraged by the benefit he had derived from chloral in puerperal convulsions, he had in two cases administered it with success to children as an enema (three grains in five drachms of water). Calm sleep and a cessation of the convulsions followed, and a similar enema given twenty-four hours later completed the cure. M. de St. Germain believed chloral an eminently useful remedy in convulsive diseases, and related a case in which he had given it by the mouth to a child fourteen years old, the subject of tetanus, in doses increasing from three to twelve grammes per diem, the patient recovering on the seventeenth day. M. Blondeau had, with Trousseau, kept a child ten years of age under the influence of chloroform, for twelve hours with success. M. Lolliot also prefers chloro-

form, and had kept a child three months of age under its influence during twenty-four hours. M. Lunier, in a case in which bromide of potassium had been without effect, found that chloral arrested both the convulsions and the accompanying fever. He thinks that, carefully employed, it is preferable to chloroform, but that we must be cautious in giving large doses.

#### The Lead Line of the Gums.

Some further facts on this diagnostic mark were communicated last month to the Royal Medical and Chirurgical Society, in a paper by Dr. C. Hilton Fagge:—

The author had in two cases investigated the microscopical characters of the gingival tissues when affected with the lead-line. He found that the discoloration was not uniform, but was distributed in the form of rounded loops, corresponding with the vascular papillæ of the mucous membrane. Under a higher power, the pigment was seen to consist of granules, some of which were deposited in the interior of the smallest blood-vessels, others immediately outside them. Mr. Tomes' hypothesis was that the pigment was a sulphuret of lead; and that the sulphuretted hydrogen which formed it was derived from decomposing animal matters which had been retained in the tartar or between the teeth. The author pointed out that the gas must diffuse itself into the textures of the gum and combine with the lead, as it was actually circulating in the blood, or contained in the plasma which was for the nourishment of the textures. The pigment was thus a precipitate from the blood. This view explained the fact that a characteristic line in the gums was sometimes seen in those who had not shown symptoms of lead-poisoning. When occurring under such circumstances, it had been supposed by certain writers to have been caused by the presence of some other metal, such as bismuth. The author thought that it depended on the very minute quantity of lead which had in such cases gained entrance into the body. Another point explicable upon the author's theory of the lead-line was, that the administration of iodide of potassium sometimes brought it out, when it had before been absent, and after the individual had ceased to be exposed to the poison. It also followed that the line must be wanting in those who kept the teeth very clean. Lastly, it seemed probable that the sulphide of lead must be deposited in the intestinal mucous membrane, likewise under the influence of the sulphuretted hydrogen contained in the bowels.

#### Stammering a Hereditary Defect.

Dr. Coen, in the *Wiener Med. Zeitung*, states that Schulthess, Colombat, Rosenthal, and others, have amply proved that stammering may be a family defect (especially on the mother's side), and may also be acquired through voluntary or involuntary imitation. Speaking of his own experience, Dr. Coen states

that among fifty carefully observed cases, he found that in nine the stammering was due to the above causes, viz.: in five to heredity, and in four to imitation. According to his observations, confirmed also by the statements of Colombat, stammering thus produced is of a less favorable prognosis, while its treatment is more difficult and more prolonged, so that recovery is only to be expected when the cases are treated with unusual energy. A rational prophylaxis is of the greatest importance in children inclined to stammer, and details on this will be given in the forthcoming work.

In illustration, Dr. Coen relates one of the five hereditary cases he met with. A boy, ten years old, was brought to him with excessive stammer, having always been on the increase from the commencement. His mother stammered until her eighteenth year, and now, in her thirty-seventh year, she does not speak quite freely. Her parents were free from stammer, but among their five children a brother as well as herself suffered from it. Moreover, the mother of the boy had an aunt (forty-two years of age) and two uncles (forty-six and fifty-seven years of age) who both stammered from their youth. The mother of an aunt of this woman also stammered. Both the boy and his mother, as well as his sister, were scrofulous, whereas the father had died in a good state of health, and did not stammer. Here, therefore, was a striking example of the heredity of stammering, in which the affection could be traced through four generations, affecting several members of the family. It is also of importance to observe that it arose on the mother's side.

#### Pathological Fractures.

Under this name, Professor Broca, as we learn from the London *Medical Times*, designates what are improperly called "spontaneous" fractures, in which there is no proportion between the cause and effects produced, and whose production can only be explained by admitting a preceding diseased condition of the bones concerned. A boy, fourteen years of age, was recently in Professor Broca's ward, who had been the subject of white swelling for twelve years. Two years since, he fractured the tibia at its upper third, no displacement being produced. In these fractures, in fact, the fragments usually remain *in situ*; and another circumstance which characterizes them is the great difficulty with which their consolidation is effected. In this boy, after some months the fracture was supposed to be consolidated, but fourteen months after its first production it was again produced at the same part. There had been no external violence or traumatic cause to explain the occurrence, the child on both occasions having fractured the bone while walking in the room. The true cause of the fracture was the predisposition induced by a special pathological condition of the bone, which had become the seat of rarefied

osteitis, in which there simultaneously occur a "denutrition" of the osseous elements, and a great development of the vascular element. These osteites generally occur in young subjects suffering from white swelling, and principally affect bones situated below the tumor. In some cases, however, the osteitis occurs above this, an example of which was shown in a woman forty-five years of age, who, when sixteen years old, had a white swelling. She recently fell down and fractured the femur, without any displacement or riding of the fragments taking place, but with an immense effusion of blood, which greatly distended the thigh, and which was certainly furnished by the fragments of the femur affected with this form of osteitis, in which the rarefied osseous tissue is very vascular—a frequent complication of these "pathological" fractures.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. J. W. C. O'Neal has published, by request, a brief pamphlet on the Gettysburg Katalysine Water. We observe he continues to depend on the imperfect analysis of Professor Mayer, who claimed to have found lithia in this water. If the persons interested in urging it upon the public as a therapeutic means expect to deserve the respect and confidence of the profession, they will have a new analysis made, by competent hands, determining the exact quantity of lithia, if any, in the waters. Till this is done, skepticism is in order.

### BOOK NOTICES.

*Transactions of the Iowa State Medical Society, for the years 1872 to 1876, inclusive. Published by the Society. Ottumwa, Iowa, 1876. 8vo, pp. 224.*

The Iowa State Society has been in existence a quarter of a century, and during that period has maintained a creditably active spirit of professional honor among its members, as well as incited a beneficial competition in study and observation.

The present volume testifies to both these statements. We learn from one of its early pages that when a possibly somewhat eccentric member read before the Association a paper

maintaining that physicians should advertise for patients in the newspapers, as other business men do for customers, the Society passed forth with a resolution expressing their "unqualified condemnation" of these sentiments.

As for scientific observations, the volume contains a number worthy of mention. But rather than give a list of them all, we shall speak of but a few, those which have interested us most.

The first of these is a report on adenia, by Dr. N. A. Drake, of Ossean. He describes several cases of this singular and obscure complaint, sometimes called Hodgkin's disease, the characteristic feature of which is progressive hypertrophy of the lymphatic glands. The prognosis is always most unfavorable, and both Dr. Drake's cases died. The etiology of the disease is still obscure. Dr. Drake does not say whether he inquired into a possible syphilitic taint.

The effects of mercurials were studied by Dr. J. J. Angear, but altogether from his library, not from his practice, nor from experiments. Such marshaling of various opinions is not amiss, but is always more desirable when the author does so to illustrate his own original studies.

"Cerebral Exhaustion" is the important subject treated by Dr. W. W. Grant, of Davenport. Several cases are instanced, and his very sensible conclusion is, that it is not hard work which is at the root of these disorders, so much as it is work under unfavorable and generally unnecessary conditions. Two pointed examples of this have come under our own notice recently. Both were young and ambitious professional men, one a lawyer, the other a physician. Both became alarmed at a growing difficulty of intellectual labor, early weariness, fullness and pain in the head, and inability to study; anxiety, restlessness and sleeplessness naturally followed. And what was the simple cause of it all? In both cases the same—a slight amount of *astigmatism*, wholly unsuspected. This single unfavorable condition, easily corrected, had led them and their friends to fear an early mental break-down.

The *Transactions* quote a city ordinance, adopted in various Iowa cities, which is said to be successful in regulating "medical Tramps." It obliges them to pay to the city clerk a certain number of dollars each day during their stay. The suggestion is a good one, and deserves general imitation.

# THE Medical & Surgical Reporter,

A WEEKLY JOURNAL,

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## PRESIDENT SIMS' ADDRESS.

The address of Dr. J. MARION SIMS, leading extracts from which are given in this number, is bold and timely. The two topics on which he especially comments are the Code of Ethics and the sanitary control of syphilis.

The points he makes against the former are principally in regard to its prohibitions of patenting surgical instruments and dispensing remedies, the preparation of which is a business secret.

With the first of these criticisms we heartily coincide. It has been demonstrated over and over again that the surgeon who patents a valuable surgical invention, so far from restricting its use by this act, very considerably enlarges it, for it is much more to the interest of the manufacturer to bring it prominently before the profession than if it is not patented. Moreover, such an instrument is not offered to persons ignorant of its uses, or incapable of forming an estimate of its value, but solely to those who

are or are supposed to be fully equal to forming an independent judgment of its merits.

There is no reason why a patented instrument should bear an extravagant price, and they rarely do. If the demand is large, other similar instruments are devised, and by competition the inventive faculties are stimulated and the prices kept down. If the demand is limited, then it is sure to be much more so if any excessive cost is laid on the device.

The prejudice against surgical patents was honorable in those who framed the Code of Ethics, but it arose from an ignorance of the practical workings of business, and a prejudice which experience has shown to be baseless. Recognizing that such is the case, it is well that the President of the American Medical Association steps forward, and, while recommending us to honor the spirit which dictated the article in question (*Code*, Art. I, § 4), advises us rather to let this spirit keep our better sentiments alive than, by slavish adherence to the letter, kill them.

His words in regard to what the Code calls "secret nostrums" require to be more carefully weighed. There is a broad and it seems to us a just distinction between a remedy the ingredients of which are unknown, and one which makes no concealment of this kind, but claims a superiority owing to special care in the selection of its constituents or unusual facilities, experience or skill in their compounding. "Schenck's pills," for example, are a secret nostrum; the proprietor does not disclose their composition. So Helmick's Damiana Extract is a secret nostrum: while its proprietor alleges it is prepared from an herb so called, he refuses to give its habitat or origin, thus endeavoring to prevent all verification of his assertion. Such nostrums it is derogatory for any physician to sell or employ.

But Dr. SIMS is careful not to refer to these. He would certainly disapprove of their use. What he does mention with implied sanction are a certain maker's calcined magnesia and



another's extract of opium. About these there is no concealment of contents. The makers only claim that by a process which they have perfected after much practice, and by an unusually careful selection of material, they offer a familiar substance in a peculiarly eligible form. Now, to this, we submit, there is no rational objection. A man should reap the fruit of his labors, and a "drug-man" as much as any other. Much of his skill depends on a "rule of thumb," or practical skill in manipulation which he can scarcely impart to others if he wished to, and is as much his own as the skilled *toucher* of the gynecologist.

Much less felicitous are the recommendations of Dr. Sims concerning the suppression of syphilis. He is timid, impractical and inconsequent. Recognizing the tremendous importance of the subject, the fear of "what men may say," and especially sentimentalists, women and bigots, appals him, and he is weak enough to talk about "fostering vice" by the license system, and "invidious distinctions" under the English Acts. His own suggestions are mere moonshine, utterly vague and wholly impracticable, unless backed by an efficient system of police supervision and registration of prostitutes. All that can be commended in this portion of the address is that the orator sets forth anew what cannot be too often or too forcibly urged, the pressing need of some active steps to hem in the ravages of the venereal poison.

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## NOTES AND COMMENTS.

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### Surgical Operations on Children.

Mr. George W. Callender, Surgeon to St. Bartholomew's Hospital, remarks in a lecture published in the *British Medical Journal*:—

Children, especially, need careful consideration before being submitted to operations. In all plastic operations, for instance, you must satisfy yourself that the child is sufficiently well nourished, and likely to have strength sufficient to heal the wound. There are times, too, in their early months, as during teething, when operations are less likely to do well; and chil-

dren who are tainted with syphilis, or children weakened by what may be termed infantile complaints, such as measles or whooping cough, are not in a condition favorable for surgical interference. You will watch children closely, and you will put off an operation, even at the last moment, if any unfavorable sign, however slight, exist. Thus you should never be without the pulse, temperature, and general report of the morning of the intended operation; for often a sign from the pulse, or a furred tongue, or some complaint of uneasiness, has been brought under our notice in the operating theatre, and the child has been sent back to the ward, there to develop some illness, such as scarlet fever; and the frequency with which this complication has thus come under my notice leads me to suspect that it may give the clue to the explanation of some of those cases in which, after surgical operations, an eruption like that of scarlet fever has broken out upon the patient, such an eruption concurring with the operation, and not being in any sense consequent upon it. We had one remarkable case in which an excision of the knee-joint was postponed because of a sudden rise of temperature, which persisted, as a solitary sign, for some days, and was then followed by dilated and fixed pupils, and, later on, by other symptoms of meningitis. You will, indeed, have acted rightly in postponing an operation, even if nothing come of the symptoms which may have caused anxiety. It will often happen that the alarm is a false one, particularly with children with whom fright or excitement will send up the pulse and temperature with great rapidity. One child, for instance, was sent away from the theatre as unfit for an operation, and we afterward found that his troubles were entirely caused by the nurse having moved him from a front to a back ward bed.

### The Physician in Ancient Wales.

The following curious extract from the ancient laws of Wales is given in the *British Medical Journal*. Our readers can learn from it the exact value of a doctor, estimated in cows:—

King Howel, the Good, had twenty court-officers, viz., twelve for the King and eight for the Queen. The physician comes twelfth in order. He ought to have his land free, and his horse in readiness; and he receives his linen clothes from the Queen, and his woolen clothes

from the King. His seat in the hall is at the base of the pillar, that he may be near where the King is, sitting in his border. His lodging is with the master of the household. His protection is from the time the King commands him to visit a wounded man, neither in the palace nor belonging to it, until he goes to him, taking away the offender. He must give medicine gratis to all the officers in the palace and to the master of the household, their bloody clothes excepted; unless it be one of the three dangerous wounds. These are a blow on the head which penetrates the brain, a thrust in the body which penetrates the bowels, and the breaking of one of the limbs. For every one of these three dangerous wounds the physician is entitled to one hundred and eighty pence and his meat, or to one pound without his meat, and also the bloody clothes. He claims twenty-four pence for a tent for a wound. A plaster of red ointment is twelve pence; and one of medicinal herbs is eight pence. The physician's pan is worth a penny. He ought to take security of the family of the wounded man lest he die of the medicine he administers to him; and if he should not take it, he must answer for the consequence. He ought never to leave the palace except with the King's permission. The fine for insulting him is six cows and one hundred and twenty silver pennies. His value is one hundred and twenty-six cows.

#### Enemata of Wine.

In the *Revue Medicale*, M. Baraillier calls attention to the great utility of vinous enemata in all slow and difficult convalescences, colliquative diarrhoea, obstinate leucorrhœa, chlorosis, and dyspepsia with vomiting. One or two enemata, of from 150 to 200 grammes (3v to 3vij) of the red wine of Provence are given once or twice a day, at a tepid temperature; and, the intestine being first emptied by a tepid enema, the action of the wine is speedily manifested, especially in persons not given to alcoholic drinks, and therefore in women and children. If, as it does sometimes, it prove too irritating, a third or half of water or syrup should be added.

#### The Hamamelis Virginica.

This indigenous shrub, familiarly known as the *witch hazel*, belonged to the native American materia medica. The Indians used it as a discutient in inflammation following sprains and similar injuries. Our homœopathic friends

use a strong tincture of it for the same purpose. In an article which may be found in this journal, August 3, 1867, Dr. Durham extols it as a preventive of abortion. And in the *Edinburgh Medical Journal*, for last March, Dr. Hewan, of London is stated to have reported a case in which severe post-abortion hemorrhage was promptly checked by its administration. Its specific powers on the uterus merit closer investigation.

### CORRESPONDENCE.

#### THE CENTENNIAL INTERNATIONAL EXHIBITION.

##### Letter VI.

#### THE MEDICAL CHEMISTRY OF THE UNITED STATES IN THE MAIN BUILDING.

CENTENNIAL EXHIBITION, July 6th, 1876.

##### ED. MED. AND SURG. REPORTER:—

The chief objects of interest in medical chemistry are to be found in the Main building. The medico-chemical display of the United States is particularly fine, and to it I have concluded to devote the whole of this letter. I imagine, indeed, that my chief difficulty will be to compress within the compass of one epistle all that should be said of the splendid exhibits of our own country.

The southeastern quarter and northeastern corner of the Main building are set apart for the general exhibits of the United States; and the chemical, pharmaceutical, and medical displays occupy of this space that portion which is situated just eastward of the central transept, or north and south avenue, and southward of the nave, or great central avenue, running from east to west.

On entering, therefore, from Elm avenue, by the south entrance, our national medico-chemical exhibits are among the first objects to attract attention, on the right hand of the visitor; and probably the best method of studying them is to start from the transept, just south of the music stand, and journey thence in an easterly and southeasterly direction, winding in and out among the displays until they have all been embraced in the tour. My observations on special exhibits, without following any absolutely rigid plan, were made while proceeding in this way on a general course from west to east. The chemical, and the medical and surgical collections are chiefly found on or near aisles P and T, and between columns 40 and 50. The entire American medico-chemical display, in quantity and quality of chemical drugs, and in style and manner of exhibition, is one of which our country may well be proud.

Starting upon the course which I have just indicated, the first exhibit reached, along the transept, a little southeast of the music

stand, is that of Powers & Weightman. This is truly a magnificent display, and is inclosed in a handsome pavilion. The familiar initials of the firm, P. & W., of large size, uniquely crystallized from chromium alum, at once attract attention. Entering the precincts of this wonderful exhibit, where many-colored lights shine upon us through beautiful and deftly arranged specimens, it is easy to fancy ourselves in some cave of Aladdin, and a veritable lamp of Aladdin would seem to have summoned forth the immensely valuable articles by which we are surrounded. Here, in large quantity, are seen gallic, tannic and tartaric acids; zinc, iron, sodium, and potassium salts; and, especially noticeable for size and beauty, the alkaloids of cinchona and morphia and their sulphates. Probably these specimens of sulphate of morphia, and of the sulphates of quinidia and cinchonidia, are the largest and among the very finest ever exhibited in this country or in Europe. Among the scale preparations and crystalline products of this exhibit, may be seen iron citrates, zinc sulpho-carbolate and acetate, copper sulphate in ornamental shapes, white scales of bismuth and ammonium citrate, ammonium nitrate and hypophosphite, and silver nitrate. Here, also, in abundance, are such comparatively rare chemicals as codeia and its sulphate, narcein, meconin, morphia bromide, quinia and cinchonidia bisulphate, and caffeine. I noted particularly a large and elegant specimen of caffeine. Citric acid, of which Powers & Weightman are, or were a short time since, the sole manufacturers in this country, is exhibited in large quantity and of superior quality. The arrangement of this display is what might be termed a basic one; that is, all the iron salts, zinc salts, sodium salts, etc., are classed together. An interesting feature is the disposing in juxtaposition of finished products and the crude materials from which they are derived. Citric acid, for example, is placed side by side with fine brands of lemon, lime, and orange juice; tartaric acid adjacent to a collection of handsome selected argols; morphia and its salts over and between choice samples of opium; and the cinchona alkaloids and their salts in proximity to excellent specimens of bark.

The display of Rosengarten & Sons is just south of that of Powers & Weightman, and although less in number and quantity of chemicals than the latter, is of the best quality, and attractively disposed in a large case. Each of the four corners of the case, is occupied respectively by handsome masses of the sulphate of quinia, quinidia, cinchonidia, and morphia. I noticed in the centre of the case, facing to the north, a fine sample of purified chinoidine; and other specimens claiming attention were the bisulphate, phosphate, citrate, and acetate of quinia; potassium, sodium, and zinc salts; ammonio-ferric alum, strychnia, and crystals of nitrate of silver.

Hance Bros. & White, of Philadelphia, who are located a short distance east of Powers & Weightman, in the centre of their display of

solid and fluid extracts, and other preparations for which they are celebrated, exhibit, framed, behind glass, a splendid specimen of monobromated camphor, the finest, I think, in the Exposition.

Eastward of Hance Bros. & White is the exhibit, attractive in style and quality, of Charles T. White & Co., of New York. Their pharmaceutical chemicals include alkaloids and their salts, potassium and bismuth preparations, and various acids.

Henry Bower, of Philadelphia, T 43, exhibits three large masses of prussiate of potash, one of them handsomely framed; ammonium sulphate; stearic and oleic acids, and beautiful specimens of glycerine.

Still traveling eastward, the display of Billings, Clapp & Co., of Boston, looms before us in lofty proportions. They exhibit large quantities of lead, silver, iron, and manganese salts, and other chemicals, having in the foreground an immense mass of ammonium nitrate.

In the exhibit of W. J. M. Gordon, of Cincinnati, located at P 47, are included some fine chemicals, such as iron citrate, and pyrophosphate, ferric alum, copper nitrate, and monobromated camphor; and near by O. S. Follet, of New York, has a small but good display of chloroform, sugar of lead, acetic acid, and pigments. Finally, in the extreme north-eastern part of the space devoted to chemistry and pharmacy, we have three exhibits of some medico-chemical interest.

Lewis U. Bean, of Philadelphia, with paints and pharmaceutical preparations, displays various chemical drugs.

Charles F. Pfizer & Co., of New York, have an elegant chemo-pharmaceutical collection, in which are prominently seen such chemicals as tartaric acid, chromic acid, sublimed iodine, iodoform, potassium permanganate, and sodium pyrophosphate.

Kurlbaum & Co., of Philadelphia, have in their exhibit beautiful calomel crystals.

The consideration of the exhibits of W. R. Warner & Co., Bullock & Crenshaw, Keasbey & Mattison, John Wyeth & Bro., and others, will be reserved for a letter on materia medica and pharmaceutical specialties.

Some allusions to the chemical display, not strictly medical, may not be unacceptable. Here are seen well-represented chemical manufactures of all kinds; petroleum products in beauty and profusion; oils, acids, soaps, paints, varnishes, perfumes, and colognes; aniline colors and dye stuffs; inks of all kinds and hues; chemicals for the arts, of almost every description. Charles Lennig, of the Tacony Chemical Works, exhibits alum in monumental shafts; alum clay; lead, copper, and sodium salts; glacial acetic acid, etc. Opposite, to the eastward, the Pennsylvania Salt Manufacturing Company exhibit an enormous mass of kryolite, from "Greenland's icy mountains," with samples of the substances made by the company from this aluminium and sodium fluoride.

Near at hand, Daniel H. Gray, of New York,

has a fine collection of sulphur specimens; and Page, Kidder, Fletcher, of the same city, among other objects of interest, display some anthracene.

The Silliman Chemical Works, of Philadelphia, have a fine array of coal tar products, and chemicals of diverse character.

Silicates are well shown by the Philadelphia Quartz Company.

Phillips & Jacobs, of Philadelphia, have an interesting exhibit of photographic chemicals, and of illustrations of the recovery of gold and silver from the waste products of the arts.

P. Prunier, of Philadelphia, next to Gordon, of Cincinnati, displays crystals of picric acid of great beauty.

Condit, Hanson & Co., of Newark, P 49, present specimens of nickel, copper and cobalt salts, with samples of nickel plating.

In my next letter I will consider the medico-chemical displays of foreign countries on exhibition in the Main building.

Yours,

C. K. M.

## NEWS AND MISCELLANY.

Dr. F. K. Bailey.

At a regular meeting of the Knox county Section of the East Tennessee Medical Society, the following resolutions to the memory of the late Dr. Bailey were adopted:—

*Resolved*, By the Knox county Section of the Medical Society of East Tennessee, that the walk and conversation of the late Dr. F. K. Bailey were uniformly such as to make eminently practical the expression, "He was a good man."

*Resolved*, That, whatever of formality attends necessarily this action of the Medical Society, it only fully expresses the profound respect given by the members to Dr. F. K. Bailey, during his life, and is a poor but sincere emotional offering, from former professional associates, to his memory.

F. A. RAMSEY.

J. M. BOYD.

A. B. TADLOCK.

Committee.

JOHN H. GARRIGER, *Secretary*.

### Curiosities of Science.

The Franklin Institute, of this city, has opened a room in the Centennial buildings, at the northwest end of Machinery Hall, where the following, and other objects of great historical interest, have been placed.

**Franklin's Electrical Machine.**—This instrument is doubtless the one used by the great philosopher in making his wonderful experiments in the science of electricity. Presented to the Institute by Dr. John R. Cox.

**Oliver Evans' Steam Locomotive Engine.**—This interesting model is among the earliest known, having been built about 1804.

### Fifty-five Years in a Hospital.

Among the deaths last month was that of the oldest insane patient in the Pennsylvania Hospital, Major Mossman Houston, in the 90th year of his age. He was born in Savannah, September 12th, 1786. In 1806 he entered the regular army as lieutenant of cavalry, being next in seniority to General Scott. In 1813, after he had risen to the rank of major, he resigned, by reason of insanity. He was called, by his fellow-officers in the army, on account of his proud military carriage, the Little Napoleon. His friends placed him in the Pennsylvania Hospital in January, 1822, and there he remained from that time until his death, a period of more than fifty-four years.

### Chilian Prize Medal.

Wm. R. Warner & Co., of this city, whose efficient pharmaceutical preparations are deservedly popular in this country, have just carried off the Prize medal at the Chilian World's Fair, for the superiority and perfection of their soluble sugar-coated pills.

### QUERIES AND REPLIES.

*Dr. J. W. P. asks:* Is any preparation known that will cause the hair or beard to grow when nature delays its appearance?

Such articles are often advertised, but they are swindles. There are hair tonics, to strengthen falling hair, but no stimulant will, for instance, hasten the appearance of the beard.

*Dr. H. K. C. writes:* I have a case of a child, two years old, whose deltoid is paralyzed, as the result of a fall last September. What is the best treatment?

Alternating warm and cold douches, surface friction, electrical excitation and massage are the most appropriate means.

### Syrup of Hypophosphites.

*Dr. J. W. P., of Pa.*—Professor Procter uses—

Hypophosphite of lime,	7 ounces
Water,	9.5 ounces

Dissolve and add—

Sugar,	12 ounces
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Dissolve with gentle heat and add—

Fluid extract vanilla,	$\frac{1}{2}$ ounce.
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Half an ounce of the same salt of soda can be used, with an equal quantity of the hypophosphite of lime in making the above.

### MARRIAGES.

**WILLIAMS-SPENCER.**—At the residence of the bride's father, near Cardington, Ohio, on June 27th, 1876, by the Rev. J. J. Henry, Leander Williams, M. D., formerly of Indiana, and Miss Lydia Spencer, of Cardington, Ohio.

### DEATHS.

**CROSS.**—In Little Rock, Arkansas, 2d of July, 1876, Robert Francis, son of Dr. Edward and Mrs. C. Cross, aged one year and eleven months.